

PLEASE PRINT ALL  
 REQUESTED  
 INFORMATION  
 EXCEPT  
 SIGNATURES  
 -COMPLETE ALL  
 PAGES-

# **EMPIRE AMBULANCE SERVICE**

APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ SSN \_\_\_\_\_

Position Applying For:     EMT-B                     CCT                     Paramedic                     Wheelchair Van Driver

Desired Employment:     Full Time                     Part Time                     Dispatcher

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Days/Hours available to work? \_\_\_\_\_

When are you available to start? \_\_\_\_\_

Type of School	Name of School	Location (Complete Mailing Address)	Years Completed	Education/Degree
High School				
College				
EMT Basic				
ALS/Higher Level of Care				

Are you still attending school? \_\_\_\_\_

Additional training /certificates: \_\_\_\_\_

Are you a member or past member of a volunteer FD or EMS Agency?     YES                     NO

If yes, name the agency(s) and your position: \_\_\_\_\_

Have you ever been convicted of a crime?     YES                     NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), when/where were the offense(s) committed, sentence(s) imposed including probation periods, and type(s) of rehabilitation.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## **Application for Employment**

Please provide two personal references that may be contacted by Empire Ambulance Service (No Relatives)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Work Experience** and, Please provide at least two former employers (more if desired) which may be contacted by Empire Ambulance Service. Please provide adequate and correct information. Attach additional sheets if necessary.

Employer's Name: _____ Address: _____	Name of last Supervisor	Employment Dates	Pay or Salary
Phone Number: _____	_____	From _____ To _____	Start _____ Final _____
Job Title: _____			
Reason for leaving (be specific); List the jobs you held, duties performed, skills used or learned, and any advancements or promotions earned while working at this company: _____ _____ _____			

Employer's Name: _____ Address: _____	Name of last Supervisor	Employment Dates	Pay or Salary
Phone Number: _____	_____	From _____ To _____	Start _____ Final _____
Job Title: _____			
List the jobs you held, duties performed, skills used or learned, and any advancements or promotions earned while working at this Company: _____ _____ _____ _____			

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## Application for Employment

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Do you have a driver's license?     YES     NO

Type of License Held:     Operator     Commercial (CDL)     Chauffeur

License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you had any accidents in the past 3 years?     YES     NO

Have you had any traffic violations in the past 3 years?     YES     NO

Has your license been suspended in the last 4 years?     YES     NO

Are you capable of lifting 125 lbs.?     YES     NO

If you answered yes to any of the above 3 questions, please explain the circumstances below:

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### Motor Vehicle Record (MVR) Policy

#### Disclosure and Release

In conjunction with my application for employment with Empire Ambulance Service:

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspension, and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as an ongoing authorization of the organization Empire Ambulance Service, to procure Motor Vehicle Reports at any time during my employment.

Name (Print clearly) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **EMPIRE**

  

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### Acknowledgment of Receipt

#### Employment Process Disclosure and Release

Empire Ambulance Service and Federal/State laws prohibit discrimination on the basis of race, color, religion, national origin, sex, age, or disability.

As part of the employment process Empire Ambulance Service may seek and obtain any information pertinent to future employment at Empire Ambulance Service. This may include (but not limited to) information on your capacity, character, general reputation, personal characteristics, driving records and past work performance history.

By signing below I accept and acknowledge the following:

I authorize Empire Ambulance Service to contact any reference, school, former employer or other persons and hereby give permission for any contacted entity to disclose upon request any information to Empire Ambulance Service. In addition I release any reference, school, former employer, or other person from all liability for disclosing of such information to Empire Ambulance Services.

The information provided in this Application for Employment is true and complete. Empire Ambulance Service may disqualify me from consideration for employment or terminate my employment for any false or misleading statements or omissions in the Application whenever they may be discovered.

I understand that this Application does not, by itself, create a contract of employment with Empire Ambulance Service.

Name; (print clearly) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Please submit with this application a copy of the following:

- |                  |                      |
|------------------|----------------------|
| Driver's License | ACLS Card (ALS Only) |
| EMT Card         | PALS Card (ALS Only) |
| CPR Card         |                      |

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#### Application May Be Submitted In Person

Empire Ambulance Service  
14 Corporate Drive  
Clifton Park, NY 12065

#### Faxed or Mailed To

Empire Ambulance Service  
P0 Box 438  
Cohoes, NY 12047

PHONE: (518) 235-7670

FAX: (518) 235-7601